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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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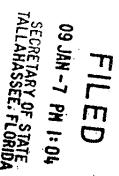
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EFECTIVE DATE 109



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D. BRUCE

JAN 08 2009

**EXAMINER** 

## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporat	ions			
SUBJECT: Donovan Dea	n Architect LLC			
SUBJECT:		ted Liability Cor	npany)	· · · · · · · · · · · · · · · · · · ·
•				
The enclosed Articles of Organ	ization and fee(s) are	submitted for fi	ling.	
Please return all correspondence	e concerning this mat	tter to the follow	ing:	
Donovan Dean				
		(Name of Person)		
Donovan Dean A	architect Inc			
		(Firm/Company)		
1907 Lakeside Dri	ve			
		(Address)		TAS
Orlando, FL 32803	3			99 J ECRI LAH
	(Ci	ty/State and Zip C	ode)	IAR ASS
For further information concern	ning this matter, pleas	e call:		TYPE THE
	71			SZY SZY
Donovan Dean		_ at (_407	894-4730	2 M 02
(Name of Person	on)	(Area C	Code & Daytime Te	lephone Number)
Enclosed is a check for the f	following amount:			<b>;</b>
\$125.00 Filing Fee  \$13	30.00 Filing Fee & rtificate of Status	\$155.00 Fi Certified ( (additional c		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi Divi P.O.	ling Address istration Section ision of Corporations Box 6327 ahassee, FL 32314	Regist Divisi Cliftor 2661 I	/Courier Address ration Section on of Corporation Building Executive Center (assee, FL 32301	is

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Donovan Dean Architect LLC  (Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
740 North Magnolia Avenue Orlando, FL 32803	1907 Lakeside Drive Orlando, FL 32803
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the r	tered Agent. You must designate an individual or another
Name	THE TOTAL PROPERTY OF THE PARTY
1907 Lakeside Drive	iress (P.O. Box NOT acceptable)
Orlando, FL 32803 City, State, a	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of al erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

FFECTIVE DATE 1-1-09

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
Paes.	DONOVAN DEAN 1907 LAKESIDE DR. ORLANDO FL 32803
<del> </del>	
<del></del>	
(Use attachment if necessary)	
	han the date of filing: 1-1-2009 . (OPTIONAL) must be specific and cannot be more than five business days
REQUIRED SIGNATURE:	SEC TALL.
Signature of a	
of this docume	e with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjurbs stated herein are true.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)